

NEW CLIENT INFORMATION SHEET
FORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

PHONE:
Home: _____

Business: _____

Cell: _____

FAX: _____

EMAIL ADDRESS: _____

Description of Business You are Forming: _____

Company's Proposed Address: _____

- List 3 names you would like to use for your company (in order of preference):
1. _____
 2. _____
 3. _____

Names and addresses of all individuals owning an interest in the company and the percentage of their ownership:

_____ %
_____ %
_____ %

Financial Information:

Will you be borrowing any money for the start-up of this business? ___ Yes ___ No

If yes, where will you borrow from? _____

Please provide any other information/questions that may be pertinent:
